

Application for Limited Driving Privilege

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Driv	ver License Number				Date of Birth (MM/DD/YYYY)	
Name (Last, First, Middle Initial)				Social Security Number		
Ctr			City Ct	ate, ZIP (		
Stre	eet Address (Do not use P.O. Box)		City, St	ate, ZIP C	Jode	
Mailing Address (If different from street address)			City, State, ZIP Code			
E-n	E-mail Address			Phone Number ()		
	Applicant is requesting a limited driving place	rivilege for the following reason(	(s): (Mu	st select	at least one box)	
	Employment (Must provide name and address of employer(s) or if self-employed, name and address of business and type of employment.)					
	Education (Must provide the school(s) name and address.)					
	Attending a Substance Abuse Traffic Offender Program (SATOP) (Provide name and address of alcohol or drug treatment program, if known.)					
suos	To and from a certified ignition interlock device (IID) service facility					
Reas	Seeking medical treatment					
ge F	Being unable to operate a motor vehicle will result in a hardship to the applicant because traveling is required:					
ivile	To and from child care (Must provide child care provider(s) name and address.)					
Limited Driving Privilege Reasons	_					
	To and from bank (Must provide the	To and from bank (Must provide the name and address of the bank.)				
	To transport child or children to and	To transport child or children to and from school(s) (Must provide the school(s) name and address.)				
	To transport child or children to and	To transport child or children to and from spousal or guardian visitation (Must provide the address.)				
	OTHER					
	To and from grocery store	To and from grocery store To and from gas station To seek employment				
	To and from pharmacy	To and from pharmacy To and from court obligations To and from church				
	The applicant must have proof of insurance (i.e., SR-22) on file with the Director of Revenue when submitting this application. Proof of Ignition Interlock Device (IID) service or installation must also be provided if applicable.					
Sign	Applicant's Signature				Date of Application (MM/DD/YYYY)	
		ved, an order granting the limited dr of the Limited Driving Privilege Notic				
Ма	il to: Driver License Bureau P.O. Box 200 Jefferson City, MO 65105-0200	Phone: (573) 526-2407 Fax: (573) 522-8795 E-mail: <u>dlbmail@dor.mo.gov</u>		http://dor.	Form 4595 (Revised 02-2017)	